

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 111A  
Registered No. 479

## 1. PLACE OF BIRTH

County Gila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Dairy Canon Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

## 2. Full name of child

David Williams { If child is not yet named, make supplemental report, as directed

|                       |                    |                                   |                   |                           |  |
|-----------------------|--------------------|-----------------------------------|-------------------|---------------------------|--|
| 3. Sex<br><u>male</u> | If plural births { | 4. Twin, triplet, or other.....   | 6. Premature..... | 7. Legitimate? <u>yes</u> | 8. Date of birth <u>July 31</u> , 19 <u>32</u><br>(Month, day, year) |
|                       |                    | 5. Number, in order of birth..... | Full term.....    |                           |  |

9. Full name FATHER John Williams  
10. Residence (usual place of abode) Miami Ariz  
(If nonresident, give place and State)  
11. Color or race Cauc. 12. Age at last birthday 37 (Years)  
13. Birthplace (city or place) Globe Arizona  
(State or country)  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miami Copper Co.  
16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_  
17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name MOTHER Marta Segosa  
19. Residence (usual place of abode) Miami Ariz  
(If nonresident, give place and State)  
20. Color or race Mex 21. Age at last birthday 28 (Years)  
22. Birthplace (city or place) Jalisco Mex  
(State or country)  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_  
26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0  
28. If stillborn, period of gestation..... { months or weeks } 29. Cause of stillbirth \_\_\_\_\_  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 A m. on the date above stated  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Cyril M. Brown M.D. M. D.  
or \_\_\_\_\_ Midwife

Given name added from a supplemental report..... (Date of) \_\_\_\_\_

Address \_\_\_\_\_  
Filed Aug 21, 1932 S. B. Train Registrar.

Registrar.

462-0731-431